FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 22, 2000 8:00 am Secretary of State DOCUMENT # **P97000023936** SCREAMING 4 COLOR, INC. 03-22-2000 90053 028 ***150.00 Principal Place of Business Mailing Address 1019 HASTINGS COURT 1019 HASTINGS COURT LUTZ FL 33549-5559 C0042523 LUTZ FL 33549 2. Principal Place of Business 3. Mailing Address 17503 MALLARD CT 17503 MALLARD CT Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. UTT-Applied For 4. FEI Number City & State City & State 59-3429324 FLORIDA LORIDA Not Applicable /_ひてる -UTZ Country \$8.75 Additional 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MESEROLE, Beverly MESEROLE, BEVERLY S Street Address (P.O. Box Number is Not Acceptable) 1019 HASTINGS COURT **LUTZ FL 33549** MALLARD CT City registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of changing its registered office SIGNATUR FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DVPS Change ☐ Delete TITLE MESEROLE, BEVERLY S 17503 Mallard Court NAME STREET ADDRESS STREET ADDRESS 1019 HASTINGS COURT CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** Change ☐ Addition Delete TITLE TITLE MESEROLE, GUY E NAME NAME 175,03 Mallard Court STREET ADDRESS STREET ADDRESS 1019 HASTINGS COURT CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** ☐ Change . ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change [] Addition TITLE □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: /